

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		•	•	•	•
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29			1				79			
30			—				80			
31			—				81			
32			—				82			
33			—				83			
34			—				84			
35			—				85			
36			—				86			
37			—				87			
38			—				88			
39			—				89			
40			—				90			
41			—				91			
42			—				92			
43			—				93			
44			—				94			
45			—				95			
46			—				96			
47			—				97			
48			—				98			
49			—				99			
50			—				100			
TOTAL IND.			23				TOTAL IND.			
TOTAL DEP.			15				TOTAL DEP.			
TOTAL CLAIMS			38				TOTAL CLAIMS			